Psychiatric Briefs

Role of Social Disadvantage in Crime, Joblessness, and Homelessness Among Persons With Serious Mental Illness

Draine J, Salzer MS, Culhane DP, et al.

The psychiatric services literature has long reported mental illness to be a chief cause of criminal activity, homelessness, and unemployment in mentally ill individuals. This literature, however, often ignores the impact of the broader social context that encompasses mental illness and these social ills. This article analyzes the approach traditionally used in psychiatric services research to link social ills and mental illness and compares the findings of such research with findings of studies that take the broader social context of mental illness into account. The comparison suggests that mental illness itself has a smaller impact on crime, unemployment, and homelessness than is often implied in the psychiatric services literature and that the relationship between mental illness and social problems is moderated by poverty, which is related to lack of education, problems with employment, substance abuse, and low likelihood of prosocial attachments. The relationships between mental illness, social problems, and the broader social context are complex and defy easy explanations and quick solutions, but more effective interventions for individuals with serious mental illness may result from research, policy, and practice that take into account this complexity.

(Psychiatr Serv 2002;53:565–573)

Effects of Antidepressant Treatment on the Quality of Daily Life: An Experience Sampling Study

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Background: Although some depression trials have included quality of life (QoL) as an outcome measure, assessments were retrospective and relatively infrequent. Because QoL varies in relation to everyday experience, intensive time-sampling approaches may be useful. ***Method:*** The experience sampling method (ESM) was used to assess effects of antidepressant treatment on the quality of life, as measured from moment to moment in daily life (mQoL), and related aspects of daily experience. Primary care patients with a DSM-III-R/DSM-IV diagnosis of major depressive disorder were randomly assigned to imipramine (N = 32) or placebo (N = 31) treatment for 6 weeks, with possible prolongation to 18 weeks. A healthy control group (N = 22) provided normative data. ***Results:*** Treatment-related increases in frequency and severity of physical complaints, including those not reported to the general practitioner as side effects, were associated with lowered mQoL; this negative association was especially strong in treatment dropouts. Despite greater clinical improvement at week 6, imipramine patients did not report greater increases than placebo patients in mean mQoL ratings. However, imipramine treatment stabilized mQoL fluctuations and led to reductions in time spent "doing nothing." Patients' decisions to prolong treatment depended on clinical improvement, mQoL changes, and specific early side effects. At 18 weeks, remitted patients still showed deficits on ESM daily life measures relative to healthy controls, even though QoL had returned to normal on retrospective measures. ***Conclusion:*** ESM provides new insights in the effects of antidepressant treatment on daily life experiences and should therefore be considered as a supplement to conventional instruments in clinical trials.

(J Clin Psychiatry 2002;63:477–485)

Quality-of-Life and Depressive Symptoms in Postmenopausal Women After Receiving Hormone Therapy: Results From the Heart and Estrogen/Progestin Replacement Study (HERS) Trial

Hlatky MA, Boothroyd D, Vittinghoff E, et al.

Background: Even though postmenopausal hormone therapy is often used by women for disease prevention, little study has been done on its effects on quality of life. This study assessed the effect on quality of life of estrogen plus progestin therapy used as secondary prevention in women with coronary artery disease. ***Method:*** The study population included postmenopausal women with coronary artery disease (N = 2763, mean age = 67 years) from the Heart and Estrogen/Progestin Replacement Study, a randomized, double-blind, placebo-controlled trial conducted at outpatient and community settings at 20 U.S. clinical centers from January 1993 to July 1998. Study subjects were randomly assigned to receive either 0.625 mg/day of conjugated equine estrogen plus 2.5 mg/day of medroxyprogesterone acetate (N = 1380) or placebo (N = 1383) for 36 months. Main outcome measures at 3 years' follow-up included physical activity (measured by the Duke Activity Status Index), energy/fatigue and mental health (assessed using RAND scales), and depressive symptoms (measured on the Burnam screening scale). ***Results:*** Although scores declined significantly for physical function (–3.8; $p < .001$), mental health (–0.6; $p = .05$), and energy/fatigue (–3.8; $p < .001$) over 3 years in all patients, no significant change in depressive symptoms was observed ($p = .20$). Compared with those who received placebo, women with flushing who received hormone therapy (N = 434) had improved mental health (+2.6 vs. –0.5; $p = .04$) and fewer depressive symptoms (–0.5 vs. +0.007; $p = .01$) at follow-up. However, women without flushing who were assigned to hormone therapy (N = 2325) had greater declines in scores for

physical function (–4.2 vs. –3.3; p = .04) and energy/fatigue (–4.6 vs. –3.1; p = .03) at follow-up compared with those receiving placebo. Older age, diabetes, hypertension, chest pain, and heart failure were associated with lower quality-of-life scores, and these clinical characteristics had a larger effect on quality of life than did hormone replacement therapy. ***Conclusion:*** Among older women, hormone therapy has mixed effects on quality of life. The presence of menopausal symptoms influences the effects of hormone therapy in that women with flushing had improvements in emotional measures of quality of life whereas women without flushing had greater declines in physical measures.

(JAMA 2002;287:591–597)

Hepatotoxicity Associated With the New Antidepressants

García-Pando AC, del Pozo JG, Sánchez AS, et al.

Background: Safety profiles of classical and new antidepressants are well established. Hepatotoxicity is known to occur. Recently, several cases of severe hepatic injury associated with the new antidepressants have been reported, prompting us to quantify this risk. ***Method:*** To estimate the cumulative incidence of hepatic adverse reactions associated with antidepressants, we used cases of hepatic damage collected via spontaneous reporting and included in the Spanish Pharmacovigilance System database; for exposure, we have used data from drug sales to the Spanish National Health System. ***Results:*** The estimated reported incidence did not show major differences for the antidepressants studied, ranging from 1.28 cases per 100,000 patient-years for sertraline to 4.00 for clomipramine, except for nefazodone, which was the agent that had the highest incidence with 28.96 cases per 100,000 patient-years. ***Conclusion:*** The reported incidence of hepatic adverse reactions to nefazodone seems to be higher than that estimated so far. Given the high prevalence of depression and the widespread use of antidepressants, physicians should be alert to the possibility that these medications cause hepatitis and consider early discontinuation of an antidepressant if the condition is suspected.

(J Clin Psychiatry 2002;63:135–137)

Factors Influencing Care Seeking for a Self-Defined Worst Panic Attack

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Objective: Medical care is sought by only 60% of individuals who experience panic attacks, many of whom seek treatment at the emergency department. In this study, the treatment-seeking patterns of community-dwelling persons who experienced panic attacks were documented, and factors leading to care seeking were studied. ***Method:*** Ninety-seven community-dwelling adults who met DSM-III-R criteria for panic attacks were randomly selected to undergo in-depth structured interviews, in which they were asked whether they had considered using or had actually used medical (general or mental health), alternative, and/or family sources of care at the time of their worst attack. ***Results:*** Use of general medical or mental health sources was contemplated by 77 participants (79%) and actually undergone by 50 participants (52%). More participants contemplated using general medical sites (72%) than mental health sites (27%), with use of emergency departments considered by 43% and family physicians' offices, by 34%; other sources of care, including friends or family members, alternative sites, and self-treatment, were considered less often. Some sources, such as ambulances, family members, and self-treatment, were readily used once contemplated. Access or barriers to treatment, perception of symptoms and of the reasons for the panic attack, and family-related variables were significantly associated with whether care seeking was contemplated. ***Conclusion:*** Use of mental health sites was rarely contemplated after a panic attack among study participants. The reasons that sufferers of panic attacks fail to seek treatment or seek treatment from non–mental health sources may be determined through further study of care seeking.

(Psychiatr Serv 2002;53:464–470)

Effect of *Hypericum perforatum* (St. John's Wort) in Major Depressive Disorder: A Randomized Controlled Trial

Hypericum Depression Trial Study Group

Background: Although use of *Hypericum perforatum* (St. John's wort) extracts for the treatment of depression is widespread, research has not confirmed its efficacy in treating major depressive disorder. This study tested the efficacy of LI-160, a well-characterized hypericum extract, in the treatment of major depressive disorder. ***Method:*** In this double-blind, randomized, placebo-controlled trial conducted in 12 U.S. community and academic psychiatric research clinics, 340 adult outpatients with DSM-IV major depressive disorder and a baseline Hamilton Rating Scale for Depression (HAM-D) total score ≥ 20 were recruited between December 1998 and June 2000. Patients were randomly assigned to 8 weeks of treatment with hypericum, placebo, or active comparator (sertraline). Doses were dependent on clinical response and ranged from 900 to 1500 mg/day for hypericum and 50 to 100 mg/day for sertraline. Blinded treatment could continue for an additional 18 weeks for responders. Main outcome measures were change in HAM-D total score from baseline to 8 weeks and rates of full response as determined by HAM-D and Clinical Global Impressions scale (CGI) scores. ***Results:*** Neither hypericum nor sertraline differed from placebo on the primary outcome measures. Random regression parameter estimates for mean (SE) change in HAM-D total score from baseline to week 8 (with greater improvement indicated by greater decline in scores) were –9.20 (0.67) (95% CI = –10.51 to –7.89) for placebo versus –8.68 (0.68) (95% CI = –10.01 to –7.35) for hypericum (p = .59) and –10.53 (0.72) (95% CI = –11.94 to –9.12) for sertraline (p = .18). A total of 31.9% of placebo-treated patients experienced full response compared with 23.9% of hypericum-treated patients (p = .21) and 24.8% of sertraline-treated patients (p = .26). Sertraline was superior to placebo at week 8 as determined by CGI-Improvement scale score (p = .02). ***Conclusion:*** Hypericum did

not demonstrate efficacy in moderately severe major depressive disorder. Although the low assay sensitivity of this trial may have influenced these results, it is noteworthy that no trends exist that suggest the efficacy of hypericum.

(JAMA 2002;287:1807–1814)

Prevalence of Sexual Dysfunction Among Newer Antidepressants

Clayton AH, Pradko JF, Croft HA, et al.

Background: Sexual dysfunction commonly occurs during antidepressant treatment. However, the reported rates of sexual dysfunction vary across antidepressants and are typically underreported in product literature. The objectives of this study were (1) to estimate the prevalence of sexual dysfunction among patients taking newer antidepressants (bupropion immediate release [IR], bupropion sustained release [SR], citalopram, fluoxetine, mirtazapine, nefazodone, paroxetine, sertraline, venlafaxine, and venlafaxine extended release [XR]) and (2) to compare physician-perceived with patient-reported prevalence rates of antidepressant-associated sexual dysfunction. ***Method:*** This cross-sectional, observational study was conducted in 1101 U.S. primary care clinics. Adult outpatients (4534 women and 1763 men) receiving antidepressant monotherapy were enrolled. The prevalence of sexual dysfunction was measured using the Changes in Sexual Functioning Questionnaire. ***Results:*** In the overall population, bupropion IR (22%) and SR (25%) and nefazodone (28%) were associated with the lowest risk for sexual dysfunction, whereas selective serotonin reuptake inhibitor (SSRI) antidepressants, mirtazapine, and venlafaxine XR were associated with higher rates (36%–43%). In a prospectively defined subpopulation unlikely to have predisposing factors for sexual dysfunction, the prevalence of sexual dysfunction ranged from 7% to 30%, with the odds of having sexual dysfunction 4 to 6 times greater with SSRIs or venlafaxine XR than with bupropion SR. Physicians consistently underestimated the prevalence of antidepressant-associated sexual dysfunction. ***Conclusion:*** Ours is the first study to assess sexual dysfunction across the newer antidepressants using consistent methodology and a validated rating scale. Overall, SSRIs and venlafaxine XR were associated with higher rates of sexual dysfunction than bupropion or nefazodone. Because antidepressant-associated sexual dysfunction is considerably underestimated by physicians, greater recognition and education are imperative when prescribing antidepressant treatment.

(J Clin Psychiatry 2002;63:357–366)

Gender Differences in Juvenile Arrestees' Drug Use, Self-Reported Dependence, and Perceived Need for Treatment

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Objectives: In a national sample of juvenile arrestees and detainees aged 9 to 18 years, gender differences in drug use, self-reported dependence, and perceived need for treatment were studied. ***Method:*** A sample of boys and girls (total N = 4644, matched by sex at each of 7 sites) was drawn from the Juvenile Drug Use Forecasting Survey from 1992 to 1995. Respondents were questioned in anonymous interviews about their living arrangements, drug use (including marijuana, cocaine, crack, heroin, crystal methamphetamine, amphetamines, and phencyclidine), and need for drug treatment. Significant predictors of drug dependence and perceived need for treatment were identified using logistic regression. ***Results:*** Although girls were no more likely than boys to report a need for treatment, they were significantly more likely to report dependence. Girls who reported current, frequent drug use were significantly less likely than boys reporting similar drug use patterns to report a need for treatment, although girls who reported having more severe drug problems were more likely to report dependence and a need for treatment than their male counterparts. ***Conclusions:*** Gender differences exist in the ways that juvenile arrestees report drug dependence and need for treatment. To engage girls in services before their drug use escalates, clinicians should assess and reduce barriers to treatment perceived by girls in particular.

(Psychiatr Serv 2002;53:70–75)

Correlates of Overweight and Obesity in 644 Patients With Bipolar Disorder

McElroy SL, Frye MA, Suppes T, et al.

Objective: Overweight and obesity are common clinical problems encountered in the treatment of bipolar disorder. We therefore assessed the prevalence and clinical correlates of overweight, obesity, and extreme obesity in 644 bipolar patients. ***Method:*** 644 outpatients with DSM-IV bipolar disorder in the Stanley Foundation Bipolar Treatment Outcomes Network were evaluated with structured diagnostic interviews and clinician- and self-administered questionnaires to determine bipolar disorder diagnoses, demographic and historical illness characteristics, comorbid Axis I diagnoses, medical histories, health habits, and body mass indices (BMIs). ***Results:*** Fifty-eight percent of the patients with bipolar disorder were overweight, 21% were obese, and 5% were extremely obese. American patients had significantly higher mean ($p < .0001$) BMIs and significantly higher rates of obesity ($p < .001$) and extreme obesity ($p < .001$) than European patients. Significant associations ($p \leq .001$) were found between overweight, obesity, and extreme obesity and gender, age, income level, comorbid binge-eating disorder, hypertension, arthritis, diabetes mellitus, exercise habits, and coffee consumption. Current BMI and weight were each correlated with the number of weight gain–associated psychotropics to which patients had been exposed. Multinomial logistic regression (adjusted for site and eating disorder diagnosis and corrected for multiple comparisons) showed that (1) overweight was significantly associated with male gender and hypertension ($p < .001$), (2) obesity was significantly associated with hypertension ($p < .001$), and (3) extreme obesity was significantly associated with hypertension and arthritis ($p < .001$). ***Conclusion:*** Overweight, obesity, and extreme obesity were common in this group of bipolar patients, although it was unclear that their prev-

alence rates were truly elevated, because overweight and obesity are increasingly common public health problems among the general population. Correlates of overweight and obesity in bipolar disorder include patient and treatment variables such as gender, geographical location, comorbid binge-eating disorder, age, income level, degree of exposure to weight gain–associated psychotropics, medical disorders associated with obesity, and health habits.

(J Clin Psychiatry 2002;63:207–213)

Perceived Need and Help-Seeking in Adults With Mood, Anxiety, or Substance Use Disorders

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Background: Most adults with mood, anxiety, or substance use disorders do not seek professional treatment. In this study, correlates of different stages of help seeking, such as perceived need for professional help, seeking professional help, and the type of professional from which help was sought, were examined to better understand why professional treatment is so seldom sought. ***Method:*** The study sample consisted of 1792 participants in the National Comorbidity Study, conducted from 1990 to 1992, who had a 12-month diagnosis (DSM-III-R) of a mood, anxiety, or substance disorder. Correlates of perceived need for professional help, seeking professional help (among those who perceived such a need), and seeking help from mental health professionals (from among those who sought professional help) were studied. ***Results:*** Mental disorders associated with suicidality or impairment in role functioning, mood disorders, and comorbid mood and anxiety disorders were identified as strong predictors of perceived need. Although psychopathology was not associated with the decision to seek professional health overall, it was associated with the decision to seek help from mental health professionals. Taking into account the nature and severity of psychopathology, several attitudinal and sociodemographic factors were associated with the 3 stages of help seeking. ***Conclusion:*** The gap between need for and utilization of mental health care constitutes a serious public health problem. To close this gap, attention must be given to he many evaluations and decisions that affect help-seeking behavior as well as to psychopharmacology. Strategies aimed at changing attitudes and behavior may be important in reducing the level of unmet need for mental health care.

(Arch Gen Psychiatry 2002;59:77–84)

An Open-Label Study of Citalopram in the Treatment of Pathological Gambling

Zimmerman M, Breen RB, Posternak MA

Background: This study evaluated the effectiveness of citalopram in the treatment of pathological gambling. ***Method:*** Fifteen adult pathological gamblers (DSM-IV criteria) were administered citalopram in an open-label fashion for up to 12 weeks. Subjects were rated at baseline and at 2-week intervals on measures of gambling severity and depression, and monthly on quality of life. ***Results:*** Patients reported significant ($p < .05$) improvements on all gambling measures including the number of days gambled, the amount of money lost gambling, preoccupation with gambling, and urges to gamble. Thirteen (86.7%) of the patients were rated as "much improved" or "very much improved" on a clinician-rated Clinical Global Impressions scale for gambling. Patients reported improvement in depression and overall quality of life. Patients with major depressive disorder (MDD) (N = 8) improved to approximately the same degree as patients without MDD (N = 7). For most patients, clinical improvement occurred during the first 2 weeks of treatment; for the 9 patients who completed the entire 12-week trial, these gains were maintained. ***Conclusion:*** Citalopram appears to be an effective treatment for pathological gambling, and this benefit was independent of its antidepressant properties. Future studies employing a control group will be important to examine the extent of the response to nonspecific factors of treatment.

(J Clin Psychiatry 2002;63:44–48)

Participation in Cognitively Stimulating Activities and Risk of Incident Alzheimer Disease

Wilson RS, Mendes de Leon CF, Barnes LL, et al.

Background: Although the risk of Alzheimer disease (AD) has been hypothesized to be lowered by frequent participation in cognitively stimulating activities, there is a lack of prospective data regarding such an association. ***Method:*** To determine whether frequent participation in cognitively stimulating activities does indeed reduce the risk for developing AD, this longitudinal cohort study assessed cognitive activity and presence of AD in 801 older Catholic nuns, priests, and brothers without dementia at enrollment who were recruited from 40 groups across the United States. At baseline assessments, which took place between January 1994 and July 2001, study subjects rated frequency of participation in common cognitive activities (e.g., reading a newspaper); a previously validated composite measure of cognitive activity frequency was derived from these ratings. Outcome measures included a clinical diagnosis of AD by a board-certified neurologist (using National Institute of Neurological and Communicative Disorders and Stroke/Alzheimer's Disease and Related Disorders Association criteria) and change at follow-up (mean = 4.5 years after baseline) in global and specific measures of cognitive function. ***Results:*** At baseline, scores on the composite measure of cognitive activity ranged from 1.57 to 4.71 (mean ± SD = 3.57 ± 0.55; higher scores indicate more frequent activity). 111 individuals developed AD between baseline and follow-up. A proportional hazards model that controlled for age, sex, and education found that a 1-point increase in cognitive activity score was associated with a 33% reduction in risk of AD (hazard ratio = 0.67; 95% confidence interval = 0.49 to 0.92). Comparable results were found when individuals with memory impairment at baseline were excluded and when terms for the apolipoprotein E ε4 allele and other medical conditions were added. A 1-point increase in cognitive

activity was associated with a smaller decline in global cognition (by 47%), working memory (by 60%), and perceptual speed (by 30%) in random-effects models that controlled for age, sex, education, and baseline level of cognitive function. ***Conclusion:*** Frequent participation in cognitively stimulating activities may reduce risk of AD.

(JAMA 2002;287:742–748)

Obsessive-Compulsive Hoarding: Symptom Severity and Response to Multimodal Treatment

Saxena S, Maidment KM, Vapnik T, et al.

Background: Compulsive hoarding and saving symptoms, found in many patients with obsessive-compulsive disorder (OCD), are part of a clinical syndrome that has been associated with poor response to medications and cognitive-behavioral therapy (CBT). We sought to determine whether patients with the compulsive hoarding syndrome had more severe symptoms and functional impairment than nonhoarding OCD patients and whether they would respond to intensive, multimodal treatment previously found to be effective for treatment-refractory OCD. ***Method:*** We studied 190 consecutive patients with DSM-IV OCD treated openly for approximately 6 weeks with intensive CBT, medication, and psychosocial rehabilitation in a partial hospitalization program for severely ill OCD patients. Twenty of the 190 patients (11%) were identified as having the compulsive hoarding syndrome. All patients were assessed before and after treatment with the Yale-Brown Obsessive Compulsive Scale (YBOCS), Hamilton Rating Scale for Depression (HAM-D), Hamilton Rating Scale for Anxiety (HAM-A), and Global Assessment Scale (GAS). We compared the symptom severity and response to treatment of compulsive hoarders versus nonhoarding OCD patients. ***Results:*** Compulsive hoarders were significantly older than nonhoarders ($p < .001$). Hoarders had significantly lower GAS scores and higher HAM-A scores than nonhoarders both before ($p = .04$) and after ($p = .002$) treatment, but had similar pretreatment YBOCS scores. Both groups improved significantly with treatment as assessed by YBOCS score ($p < .001$), but nonhoarders had significantly greater decreases in YBOCS scores than hoarders ($p = .02$). ***Conclusion:*** While the compulsive hoarding syndrome appears to be a distinct, more disabling, variant of OCD that does not respond as robustly to treatment, it may still improve significantly with intensive, multimodal treatment tailored to its specific features and associated deficits.

(J Clin Psychiatry 2002;63:21–27)

Identifying and Managing Preparatory Grief and Depression at the End of Life

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Symptoms of grief resemble symptoms of depression in dying patients. Thus, symptoms usually used to assess for depression (e.g., weight loss, frequent crying, thoughts of death) may not be precise in patients who are dying since these symptoms are also associated with preparatory grief as well as with the normal dying process. Psychosocial support and counseling can facilitate preparatory grief, which is experienced by nearly all patients who are dying, whereas ongoing pharmacotherapy generally lacks benefit and may even be harmful to grieving patients. Depression in dying patients is indicated by evidence of disturbed self-esteem, hopelessness, an active desire to die, and ruminative thoughts about death and suicide. Because depression is associated with great suffering and poor quality of life, physicians should have a low threshold for treating depression in patients who are approaching the end of life. To augment this article, the authors have provided a patient information handout on dying and preparatory grief.

(Am Fam Physician 2002;65:883–890, 897–898)

Characteristics of Opiate Dependent Patients Who Attempt Suicide

Roy A

Objective: To describe the characteristics of opiate dependent patients who attempt suicide. ***Method:*** Opiate dependent patients (DSM-IV criteria) who had ($N = 105$) or had not ($N = 141$) attempted suicide were compared for family history of suicide, childhood trauma, personality traits, and experience of comorbidity with cocaine and/or alcohol dependence, major depressive disorder, and physical disorder. ***Results:*** Significantly more opiate dependent patients who had attempted suicide were female ($p < .0001$) and unemployed ($p < .0006$). Patients who had attempted suicide reported significantly more family history of suicide and more childhood trauma; scored significantly higher for introversion, hostility, and neuroticism; and had experienced significantly more comorbidity with lifetime cocaine and alcohol dependence, major depressive disorder, and current physical disorder ($p < .05$ for all). ***Conclusion:*** Suicidal behavior in opiate dependent patients may involve risk factors from the family, childhood, personality, psychiatric, and physical domains.

(J Clin Psychiatry 2002;63:403–407)